

**City of Portland, Maine – Building or Use Permit Application** 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

|   |  |   |  |  |  |  |  |
|---|--|---|--|--|--|--|--|
| Location of Construction:<br><b>67 Exchange St</b>                        |  | Owner:<br><b>Wellin &amp; Co.</b>   |  | Phone:   |  | Permit No: <b>970456</b>   |  |
| Owner Address:  |  | Lessee/Buyer's Name:<br><b>Optical Expressions -67 Exchange St Portland, ME 04101</b>   |  | Phone:   |  | Business Name:   |  |
| Contractor Name:  |  | Address:  |  | Phone:<br><b>767-3580</b>  |  | <div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>PERMIT ISSUED</b><br/> <b>Permit Issued:</b><br/> <b>MAY 14 1997</b><br/> <b>CITY OF PORTLAND</b> </div>   |  |
| Past Use:<br><b>Prof Office</b>   |  | Proposed Use:<br><b>Same</b>  |  | <b>COST OF WORK:</b><br>\$<br><b>FIRE DEPT.</b> <input type="checkbox"/> Approved<br><input type="checkbox"/> Denied<br>Signature: |  | <b>PERMIT FEE:</b><br>\$ <b>26.90</b><br><b>INSPECTION:</b><br>Use Group: Type:<br>Signature:  |  |
| Proposed Project Description:<br><b>Erect Signage Totalling 9.5 Sq Ft</b> |  | <b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b><br>Action: <input type="checkbox"/> Approved<br><input type="checkbox"/> Approved with Conditions<br><input type="checkbox"/> Denied<br>Signature: |  | Date:<br>Signature:  |  | Zone: <b>CBL: 032-D-004</b><br>Zoning Approval: <i>[Signature]</i><br><b>Special Zone or Reviews:</b><br><input type="checkbox"/> Shoreland<br><input type="checkbox"/> Wetland<br><input type="checkbox"/> Flood Zone<br><input type="checkbox"/> Subdivision<br><input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/> |  |
| Permit Taken By:<br><b>Mary Greek</b>                                     |  | Date Applied For:<br><b>12 May 1997</b>   |  |  |  |  |  |

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..

**CERTIFICATION**

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT **Trudy Poulin** ADDRESS: DATE: **12 May 1997** PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

- Zoning Appeal**
- Variance
  - Miscellaneous
  - Conditional Use
  - Interpretation
  - Approved
  - Denied

- Historic Preservation**
- Not in District or Landmark
  - Does Not Require Review
  - Requires Review

- Action:**
- Approved
  - Approved with Conditions
  - Denied

Date: \_\_\_\_\_

CEO DISTRICT **2**  
*M.A. Rowe*

# ACORD® CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
04/08/97

PRODUCER

BOOTHBY & BARTLETT COMPANY  
185 MAIN STREET  
P O BOX 1437  
WATERVILLE ME 04903-1437

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY  
**A** PEERLESS INSURANCE COMPAN

COMPANY  
**B**

COMPANY  
**C**

COMPANY  
**D**

COPY

INSURED

PHILIP POULIN OD ✓  
166 SILVER STREET  
WATERVILLE ME 04901

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

| CO LTR | TYPE OF INSURANCE  | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS  |
|--------|--|---------------|----------------------------------|-----------------------------------|---|
| A      | GENERAL LIABILITY  | BOP 4305723   | 09/06/96                         | 09/06/97                          | GENERAL AGGREGATE \$ 2,000,000  |
|        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY   |               |                                  |                                   | PRODUCTS - COMP/OP AGG \$ 1,000,000   |
|        | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR                             |               |                                  |                                   | PERSONAL & ADV INJURY \$ 1,000,000  |
|        | OWNER'S & CONTRACTOR'S PROT  |               |                                  |                                   | EACH OCCURRENCE \$ 1,000,000  |
|        |  |               |                                  |                                   | FIRE DAMAGE (Any one fire) \$ 50,000  |
|        |  |               |                                  |                                   | MED EXP (Any one person) \$ 5,000   |
|        |  |               |                                  |                                   |   |
|        | AUTOMOBILE LIABILITY   |               |                                  |                                   | BODILY INJURY (Per person) \$   |
|        | <input type="checkbox"/> ANY AUTO  |               |                                  |                                   | BODILY INJURY (Per accident) \$   |
|        | <input type="checkbox"/> ALL OWNED AUTOS   |               |                                  |                                   | PROPERTY DAMAGE \$  |
|        | <input type="checkbox"/> SCHEDULED AUTOS   |               |                                  |                                   |   |
|        | <input type="checkbox"/> HIRED AUTOS   |               |                                  |                                   |   |
|        | <input type="checkbox"/> NON-OWNED AUTOS   |               |                                  |                                   |   |
|        | GARAGE LIABILITY   |               |                                  |                                   | AUTO ONLY - EA ACCIDENT \$  |
|        | <input type="checkbox"/> ANY AUTO  |               |                                  |                                   | OTHER THAN AUTO ONLY: \$  |
|        |  |               |                                  |                                   | \$  |
|        | EXCESS LIABILITY   |               |                                  |                                   | EACH OCCURRENCE \$  |
|        | <input type="checkbox"/> UMBRELLA FORM   |               |                                  |                                   | AGGREGATE \$  |
|        | <input type="checkbox"/> OTHER THAN UMBRELLA FORM  |               |                                  |                                   | \$  |
|        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  |               |                                  |                                   | <input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER |
|        | THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE <input type="checkbox"/> INCL <input type="checkbox"/> EXCL |               |                                  |                                   | EL EACH ACCIDENT \$   |
|        |  |               |                                  |                                   | EL DISEASE POLICY LIMIT \$  |
|        | OTHER  |               |                                  |                                   | EL DISEASE - EA EMPLOYEE \$   |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS  
LANDLORD AS ADDITIONAL INSURED: WELLIN & CO., SUITE 502  
OFFICE LOCATED: 87 EXCHANGE STREET, PORTLAND, ME

CERTIFICATE HOLDER

WELLIN & CO  
SUITE 502  
97A EXCHANGE STREET  
PORTLAND ME 04101

CANCELLATION

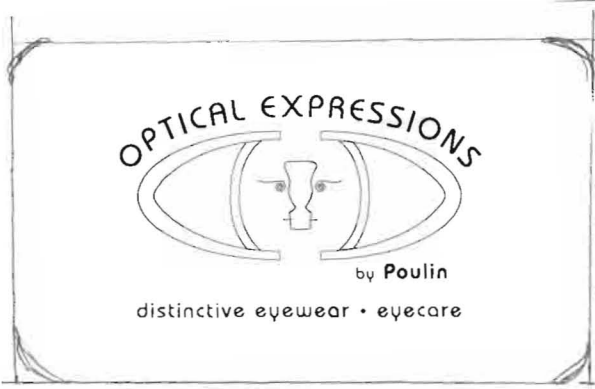
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

ARTHUR S. O'HALLORAN CPCU

*Arthur S. O'Halloran*

27 Exchange St



outdoor  
Sign  
↑ 2ft  
←

Dr. Philip Poulin, Optometrist  
Dr. Charlene Keating, Optometrist  
Dr. William Henderson, Optometrist  
Trudy Poulin, Certified Optician  
Home phone 767-2580

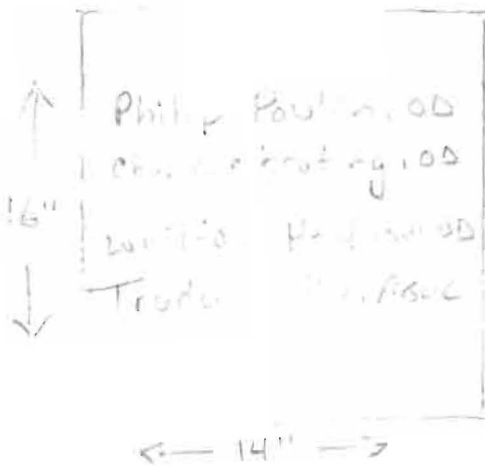
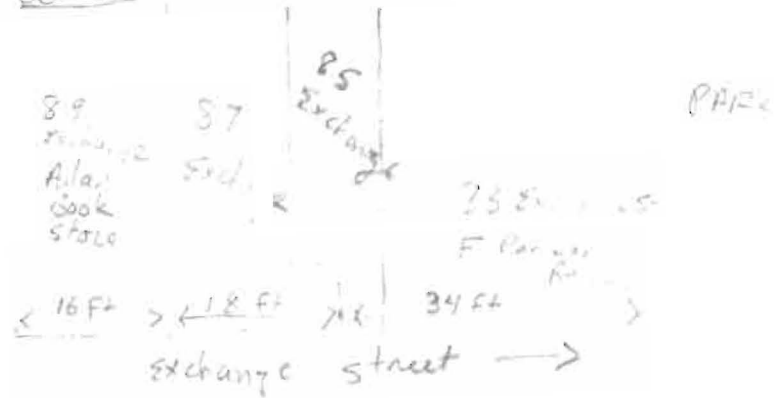
← 4' →

materials - wood, painter, Plexiglass  
- metal lettering

Size less than 9 square feet  
(Approx - 2'x4')

Hung with metal curly brackets  
located 10 feet off sidewalk

See sign  
0, 20'



WALL plaque outside name plate  
material - Bronze with gold raised lettering  
mounted by using existing holes  
located 5 1/2 ft. from ground  
size 16" x 14"

# Wellin & Co.

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May 5, 1997

Dr. Philip Poulin  
Optical Expressions  
87 Exchange Street  
Portland, ME 04101

Re: Sign @ 87 Exchange Street

To Whom It May Concern:

This letter confirms the building owner's approval for Dr. Philip Poulin to install a sign at the above address subject to city ordinances.

The signage must be in keeping with the building, and only existing penetrations in the masonry facade may be used to attach the sign. No new holes may be drilled.

Sincerely,



Peter Wellin



Angus S. King, Jr  
Governor

# Department of Public Safety

Licensing and Inspections Unit

State Fire Marshal's Office  
Engineering and Inspections Divisions  
164 State House Station  
Augusta, Maine 04333-0164



Ladd G. Alcott  
Fire Marshal

February 13, 1997

Granite Face Limited Partnership  
92 Exchange St.  
Portland, ME 04101

RE: **The Granite Block**

To Whom It May Concern:

This **Preliminary Letter of Approval** acknowledges that you have started a file with our office for the intention of obtaining a Construction and Barrier Free Permit.

After reviewing the preliminary plans, I find that the basic concept of your project can be fine-tuned for full compliance with the requirements for Life Safety Code and Barrier Free Construction.

We await your resubmittal of completed plans and specification for final review. This letter is **NOT** final approval, and it is important to note that **CONSTRUCTION SHALL NOT BEGIN UNTIL PERMIT IS ISSUED.**

If I may be of further assistance to you in this matter, please do not hesitate to contact this office.

Yours for better fire protection,

Donna L. Emerson  
Public Safety Inspector II

DLE/fs

397 Water Street  
Gardiner, Maine 04345  
Telephone: 207-624-8744  
Fax: 207-624-8767



SIGNAGE

PLEASE ANSWER ALL QUESTIONS

Address: 87 Exchange St. Zone: B  
Owner: Peter Wellin Assessors #: \_\_\_\_\_  
Applicant: Philip R. Paulin, A.D.

Single Tenant Lot?: Yes \_\_\_\_\_ No X

Multi Tenant Lot?: Yes X No \_\_\_\_\_

Freestanding (Ext pole sign)? Yes \_\_\_\_\_ No X Dimensions \_\_\_\_\_

More than (1) one sign?: Yes X No ~~X~~ Dimensions 16" x 34" wall plaque  
2' x 4' Hanging sign

Bldg Wall Sign (att to bldg)? Yes X No \_\_\_\_\_ Dimensions "

List all existing signage and their dimensions:

Lot Frontage(feet): 68' Tenant Frontage(feet): 18 ft

AWNINGS

Awning?: Yes \_\_\_\_\_ No X Is Awning Backlit?: Yes \_\_\_\_\_ No \_\_\_\_\_

Is there any communication, message, trademark or symbol on awning? \_\_\_\_\_

Height of Awning?: \_\_\_\_\_

PLEASE NOTE: Approvals for signs on the Public Sidewalk and temporary signs come under different requirements and regulations.

ALSO: See reverse side for additional information, requirements and materials needed for signage application submittal.

**INFORMATIONAL REQUIREMENTS**

1. Proof of Insurance: Current, single page certificate showing a minimum of \$300,000.00 liability coverage of owner of sign.
2. Letter of permission from owner. Exemption: If applicant and property owner are one and the same.
3. A sketch plan of the lot, indicating location of buildings, driveways, and any abutting streets or right of ways. Lengths of building and street frontages should be noted.
4. Indicate on the plan all existing and proposed signs.
5. Computation of the following:
  - a) Sign area of each existing and proposed building sign.
  - b) Sign area height and setback of each existing and proposed freestanding sign.
6. A sketch of any proposed sign(s), indicating dimensions, materials, source of illumination and construction method.



**PERMIT FEES**

Signage: \$25.00 + .20 per square foot of signage.

Awning: Based on cost of work - labor/materials  
\$25.00 1st \$1,000.00 worth of work  
\$5.00 each additional 1,000.00 worth of work

Note: Once a sketch plan has been filed for a property, the Code Enforcement Office will keep a record of the plan so that a new sketch plan will not be required for later changes to signage on the property. In such an instance, applicants will only be required to submit information applicable to the new signs.